People carrying Thalassemia Genes

1168. SHRI KRISHAN LAL SHARMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that about 25 million people of the country are carrying Thalassemia genes;

(b) if so, wht steps are being taken to create awareness among the masses about this;

(c) details of preventive action taken or proposed to be taken in this regard;

(d) whether any research work has been carried out if so, what are the findings thereof ; and

(e) the progress, if any, achieved in the immunization of the people from this disease?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K; THARA DEVI SIDDHARTHA) : (a) A number of studies on the prevalence of thalassemia in various parts of India carred out by the Indian Council of Medical Research (ICMR).has shown varying frequency of the B-thalassemia in different population groups. Taking into account the prevalence estimates of 2-3 percent of gene among general population, the upper limit of number of people in India carrying the B-thalassemia gene can be estimated roughly at about 25 million.

(b) and (c) The Institute of Immuno-haematology, Bombay, under the Indian Council of Medical Research (ICMR), has been orgnising periodic camps for public education and screening in and around Bombay. The folowing are the preventive measures—

1. Education of the Medical fraternity as w ell as the general public.
2. Population Screening.
3. Genetic counselling.
4. Prenatal diagnosis and
5. Marriage counselling in the high risk groups.

(d) Research on thalassemia has been one of the tlirusr areas of the ICMR's Institute of Immunohaematology, Bombay. This Institute has carried out limited surveys on the extent of the problem in school children, general population etc. During the 7th Plan period, the 1IH standardised a method for detection of the conditions (thalassemia trait or disease) in the foets during the second trimester of pregnancy, and has been offering the services of this technique to couples who are referred to it by doctors. Efforts are on to develpp and standardise a technique for diagnosing the condition in the first trimester of pregnancy itself.

Other aspects of research on this condition include basic studies on molecular characterisation of thalassemia, gene amplification etc.

(e) Till date no immunization treatment is available.

Anti-cancer Drug

1169. SHRI KRISHAN LAL SHARMA : Will the Minisrer of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that a new anti-cancer drug has been developed jointly by an institute based in Hyderabad and a drug company ;

(b) whether the drug has been experimented and if so, the results thereof;

(c) by when the drug is likely to be used in regular treatments ; and

(d) the details of other anti-cancer drugs developedby various companies and institutions?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K.THA-RADEVI SIDDHARTHA* : (a) to (c) Yes, Sir .The technology has been develo-ped for anti-cancer drug, Etoposide which involves the use of Podophyllotoxin. The brand name of the drug is Atocid. The drug has been found to be useful for the treatment of cancer of lung, ovary, tetes, lymphoma, etc. Government has examined the efficacy and safety data of the drug in consultation with cancer experts and the same has been approved for marketing.

(d) A list of other anti-cancei drugs is given below:—

1. Inj. Nitrogen mustard.
2. Inj. Bleomycin
3. Inj. Pharamorubicin
4. Inj. Mitomycin C
5. Inj. Methotrexate
6. Inj. Endoxan
7. Inj. Vincristine